

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3956

CERTIFICATE OF DEATH

03 03 OF DEATH AND RESIDENCE 5	BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Cocconino</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Cocconino</u>		REGISTRAR'S NO. <u>49</u>
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Flagstaff</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>5 mo. 72 yrs.</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>FLAGSTAFF</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>108 Terrace</u>
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>409 N. Sitgreaves</u>		IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION				
EDENT SONAL DATA/86 6 850	3. NAME OF DECEASED A. (FIRST) <u>FRANCES</u> B. (MIDDLE) <u>ANN.</u> C. (LAST) <u>Christensen</u>		4. SEX <u>Female</u>		5. COLOR OR RACE <u>White</u>		
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>May</u> DAY <u>4</u> YEAR <u>1869</u>		8. AGE YEARS <u>86</u> MONTHS <u>3</u> DAYS <u>13</u>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Homemaker</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>
AUSE OF EATH EM 18)	14A. FATHER'S NAME <u>David Thomas</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Wales</u>		15A. MOTHER'S MAIDEN NAME <u>Adeline Spring thorp</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>
	16. INFORMANT'S SIGNATURE <u>Addie C. Gibbons</u>		ADDRESS <u>2133 W. Monroe Phoenix</u>		17. DATE OF DEATH (MONTH) <u>Aug</u> (DAY) <u>17</u> (YEAR) <u>1950</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED		MEDICAL CERTIFICATION (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH
ATIONS, TOPSY	19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>none</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>none</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
ICAL RONER'S ICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Aug 5</u> , 19 <u>50</u> , TO <u>Aug 17</u> , 19 <u>50</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Aug 17</u> , 19 <u>50</u> , AND THAT DEATH OCCURRED AT <u>10:30 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	23A. SIGNATURE <u>Chas. Schmidt</u>		(DEGREE OR TITLE) <u>M.D.</u>		23B. ADDRESS <u>Flagstaff, Arizona</u>		23C. DATE SIGNED <u>Aug 18-1950</u>
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Aug 19, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Johns, Arizona</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
GENERAL ECTOR AND STRAR	25A. DATE REC'D BY LOCAL REG. <u>8-18-50</u>		25B. REGISTRAR'S SIGNATURE <u>Gertrude Schmidt</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W.L. Compton</u>		27. EMBALMER'S SIGNATURE <u>GLENN R. Compton</u>
					ADDRESS <u>Flagstaff, Ariz</u>		CERT. NO. <u>268-A</u>